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Ounty Suum Aums	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist, No. 25-4
Village or City MUNDAMM (No	St.; Ward) [If death occurred I a hospital or institution give its NAME instea of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Period (Mark Street	16 DATE OF DEATH (Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended deceased from
(Month) (Day) (Year)	that I last saw help allocon from \$ 191
TAGE it LESS than 1 day, hrs. oRmin.?	and that death occurred on the date stated above, at 12 1/2, m The CAUSE OF DEATH was as follows:
particular kind of work (b) General nature of industry, business, or establishment in which employed (or employer) BIRTHPLACE (State or country)	Contributory Class pursuely making (Secondary)
10 NAME OF FATHER PAULY P. Mullines 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER UNITY P. MAINE 13 BIRTHPLACE 13 BIRTHPLACE	(Signed)
OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) J. B. A. M. L.	At place of death yrs, mos. ds. State yrs, mos. ds Where was disease contracted, if not at place of death? Former or usual residence
(Address) Succentrative Ing. 16 Filed 6/2 U : 1913 : Mc Mc Corner BEGISTRAR	19 PLACE OF BURIAL OR REMOVAL Sh Pelers Cornelly 6/20, 1913 20 UNDERTAKER ADDRESS WHOMPSomm Queen from

If more blanks are needed, address State Regis trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

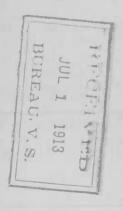
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[Approved by U. S. Census and American Public Health Association.]

fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second cated thus: Farmer (retired 6 yrs.). causing death, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care duties of the household only (not paid Housekeepers statement. Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, additional line is provided for the latter statement who have no occupation whatever, write None. been changed or given up on account of the nisease Servant, Cook, Housemaid, etc. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. it should be used only when needed. the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer applies to each and every person, irrespective of age essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, ness of various pursuits can be known. The question tion is very important, so that the relative healthful-For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman." (b) Cotton mill; (a) Salcsman, If the occupation has As examples: For persons (6)

Statement of cause of death—Name, first, the Inbeable causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopncumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

cause of death approved by Committee on Nomencla "Contributory." scpsis, tctunus) dent; Revolver wound of head-homicide: Polsoned such, if impossible to determine definitely. LENT DEATES State MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "Tuerperal perilonitis," etc. childbirth or miscarriage. as "PUTEPERAL scptichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Traemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anacmia" (merely symptomatic), "Atrophy," ample: Measles (disease causing affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic oma. Sarcoma. etc., of ture of the American Medical Association.) injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train—acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably mere symptoms or terminal conditions, such as "As Bronchopncumonia (secondary), 10 ds. Never report is less definite; avoid use of "Tumor" for maig The contributory Always qualify all diseases resulting from "Senile," etc.), (Recommendations on statement of may be stated under the head (secondary or intercurrent "Dropsy," "Exhaustion," (name origin; "Can death), 29 ds.: State cause for Examples: 01



BINDING

FOR

MARGIN RESERVED

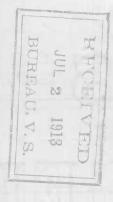
	1 PI A	CE OF DEATH	8270		STATE OF MAR	VIAND
		2		1	CERTIFICATE OF	
Co	ounty	meen.	anne	10		
	'			1 4	Registere	No. 753
٧	illage or Cit	y Panda	flamet.		St; Ward)	[If death occurred a hospital or instituti give its NAME inste of street and number.
	PERSO	NAL AND STATISTI	CAL PARTICULARS		MEDICAL CERTIFICATE OF	DEATH
3 S E	Y	4 COLOR OR RACE	5 SINGLE,		16 DATE OF DEATH	1
100	mile	Black	WIDOWED, Jesus	ell'	(Month)	(Day) (Year)
	muc	" Julian	ORDIVORCED (Write the word)		17 I HEREBY CERTIFY, That I a	
6 D	ATE OF BIRT	H a	10			, 191
		(Month		(Year)	that I last saw h allve on	
TAC	3 E	(12011611		1500 41	and that death occurred on the date stated al	
	***************************************	yrs. 7		av hrs	The GAUSE OF DEATH* was as follows:	7076, atn
(a)	CCUPATION) Trade, profession,	, or :	Infant.		Pertuses	
(b)	General nature o	f industry,			***************************************	000000000000000000000000000000000000000
	iness, or establi ich employed (or i	snment in employer)			(Duration)	yrsmos
9 BI	IRTHPLACE tate or country	у)	Bul		Contributory Saulers en (Secondary)	
	10 NAME OF		e ashley		() .0 .0 0	yrsmosd
NTS	11 BIRTHPL OF FATH (State or c	IER	Test .		*State the DISEASE CAUSING DEATH, OF, In	
民田田	12 MAIDEN OF MOT	NAME	Rama		TAL, SUICIDAL, OF HOMICIDAL.	(2) whether Acciden
A		ACE	2nd		18 LENGTH OF RESIDENCE (FOR HOSPITALS, IN OR RECENT RESIDENTS) Af place in the of death	
PA	OF MOTH (State or c	ountry)	11/00			
147	OF MOTH (State or c	TRUE TO THE BES	es they	GE .	Where was disease contracted, If not at place of death? Former or	
147	OF MOTH	TRUE TO THE BES		3 E	Where was disease contracted, if not at place of death? Former or usual residence	
147	OF MOTH (State or c	John		GE.	Where was disease contracted, If not at place of death? Former or usual residence. 19 PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
147	OF MOTH (State or c) THE ABOVE IS (Informant)	John Cin	askley		Where was disease contracted, if not at place of death? Former or usual residence. 19 PLACE OF BURIAL OR REMOVAL Parallowan	June 7, 191
147	OF MOTH (State or c) THE ABOVE IS (Informant)	John Cin			Where was disease contracted, If not at place of death? Former or usual residence. 19 PLACE OF BURIAL OR REMOVAL Parallown	DATE OF BURIAL June 4, 191.

[Approved by U. S. Census and American Public Health Association.]

ness. If retired from business, that fact may be indiwho have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at beginning of ilibeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care duties of the household only (not paid Housekeepers Housewife, Housework, or At Home, and children, not who receive a definite saiary), may be entered as mine, etc. fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: additioual line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many applies to each and every person, irrespective of age (a) Spinner, essary to know (a) the kind of work and also (b) first line will be sufficient, e. g., tion is very important, so that the relative healthfui-Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the ness of various pursuits can be known. The question Statement of occupation-Precise statement of occupa Women at home, who are engaged in the Never return "Laborer," "Foreman," (b) Cotton mill; (a) Salesman, Farmer or Planter,

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing divays the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc... Carcin-

cause of death approved by Committee on Nomenciainjury, as fracture of skuii, and consequences (e. g., ture of the American Medicai Association.) "Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably which surgical operation was undertaken. mia," "PUERPERAL peritonitis," childbirth or miscarriage, as "Puerperal septichae-LENT DEATHS state MEANS OF INJURY and qualify as cause. Aiways qualify all diseases resulting from mus," "Old Age," "Shock," "Uraemia," "Weakness," genitai," "Seniie," etc.), etc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Maras-"Coliapse." "Coma," "Convuisions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. ampie: Measles (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic cer" is iess definite; avoid use of "Tumor" for mailgoma. Sarcoma. etc., of . The contributory (secondary or intercurrent) tetanus) may be stated under the head of (Recommendations on statement of "Dropsy," "Exhaustion," etc. State cause for (name origin; "Can-Never report Examples:



1 DI ACE OF DEATH

County Queen Anne	CERTIFICATE OF DEATH Registered No. 25~8
Village or City Drenstown (No. (Christian name undeided) Carr FULL NAME	St; Ward) [If death occurred in a hospital or institution give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDIGAL GERTIFICATE OF DEATH
Male Clored Single, Married, Misoweo, Orlivorced (Write the word)	(Month) (Day) (Year) 17 I HEREBY CERTIFY. That I attended deceased from
B DATE OF BIRTH March (Month) (Day) (Year)	May 29, 1913, to June 2, 1913 that I last saw h im allve on June 2, 1913
It LESS than 1 day,	and that death occurred on the date stated above, at
CCUPATION (a) Trade, protession, or particular kind of work. (b) General nature ot industry, business, or establishment in which employed (or employer)	(Ouration) yrs. mos. 2 ds
State or country) Q. a. Co, Md.	(Secondary) (Ouration) yrs. mos. 7 ds
10 NAME OF FATHER , GEO A Can oll	(Signed), M. D.
Co. Mainer Name	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.
of Mother Horance Infin	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS) At place In the of death
(Interment) For Corrose	Where was disease contracted, If not at place of death? Former or usual residence
(Address) Vicientain	Same Conners 21123, 1913
Filed July 3 , 1913 25-4 Low REGISTRAR	20 UNDERTAKER MCComme Lumbure
If) more blanks are needed, address State Registra	r, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

STATE OF MARYLAND

[Approved by U. S. Census and American Public Health Association.]

duties of the household only (not paid Housekeepers additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is necapplies to each and every person, irrespective of age ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite saiary), may be entered as mine, etc. fication, as Day laborer, Farm laborer, Laborer-"Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., For many occupations a single word or term on the who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of iilbeen changed or given up on account of the DISEASE Statement of occupation-Precise statement of occupa-Spinner, If retlred from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," (b) Cotton mill; (a) Salcsman, Farmer or Planter, As examples: For persons "Foreman," (0)

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If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

JUL 1 1913
BUREAU, V.S.

DN BINDING	WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD	N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in pisin terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.
MARGIN RESERVED FOR BINDING	NFADING INK-THI	efully supplied. AGE sh hat it may be properly trifficate.
MARGIN	PLAINLY, WITH U	Every item of information should be carefully su CAUSE OF DEATH in pisin terms, so that it mis Important. Set instructions on back of certificate.
V. S. No. 1.	WRITE	N. B.—Every item of in CAUSE OF DEA' Important. Set in

1 PLACE OF DEATH 8272	STATE OF MARYLAND
12/11/2004	CERTIFICATE OF DEATH
County EX West Time	Registered No. 254
near o , , no	
Village or City enterville (No.	St; Ward) [It death occurred in a hospital or institution,
\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	give its HAME instead of street and number.]
FULL NAME /of named /	remature and ent / Me 13m
A DESCRIPTION OF THE PROPERTY	MEDICAL CERTIFICATE OF DEATH
PERSONAL AND STATISTICAL PARTICULARS	16 DATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, MIDOWED,	June 10, 1919
Fands White ORONORCED (Write the word)	(Month) (Day) (Year)
8 DATE OF BIRTH	
lune 16 1913	6-/6, 1913, to 6-/6, 1913,
(Month) (Day) (Yeat)	that I last saw h Lx alive on 6 / 6 ,1913.
7 AGE If LESS than f day, 5 hrs.	and that death occurred on the date stated above, at
yrsds. ORmin.?	The CAUSE OF DEATH * was as follows:
BOCCUPATION	1/2 3 1 15
(a) Trade, profession, or particular kind of work	year Juliu
(b) General nature of Industry,	5 tours
business, or establishment in which employed (or employer)	(Ouration) yrs. mos. ds.
9 BIRTHPLACE	(Secondary)
(State or country) I neen ame Co. Md.	(Beretjon) // yrs. mos. ds.
10 NAME OF 10	DITTE .
FATHER Joshua D. Chance	(Signed) , M. O.
OFFATHER A	6-6, 1913 (Address) & ween own 11 d
11 BIRTHPLACE OFFATHER (State or country) Q. G. C., MA. 12 MAIDEN NAME OF MOTHER 12 MOTHER 12 MOTHER 13 MOTHER 14 MOTHER 15 MOTHER 16 MOTHER 17 MOTHER 18 MOTHER 19 MOTHER 10 MOTHER 10 MOTHER 11 MOTHER 12 MOTHER 13 MOTHER 14 MOTHER 15 MOTHER 16 MOTHER 17 MOTHER 18 MOTHER 18 MOTHER 18 MOTHER 19 MOTHER 10 MO	*State the DISEASE CAUSING DEATH, or, In deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-
M 12 MAIDEN NAME A A A A A A A A A A A A A A A A A A	TAL, SUICIDAL, OF HOMICIDAL.
a / all Ty. To of dan	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
13 BIRTHPLACE OF MOTHER (State or country)	At place In the of death yrs mos ds. State yrs mos ds.
14 THE ABOVE IS TRUE TO THE BEST THE MY KNOWLEDGE	Where was disease contracted,
A TANK	If not at place of death?
(Informant)	usoal residence
(Address) Queenstown M. a.	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
15 / 100	Oscilence In a Coff, 1913
Filed 61/7 1913 My My Conun	20 UNDERTAKER ADDRESS
254 Ercal REGISTRAR	MATORIAN Jumbour
If more blanks are needed, address State Registra	er, 6 E. Franklin St., Balto., Requesting V. S. No. 1.
	Pen Edding Centium him

[Approved by U. S. Census and American Public Health Association.]

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OCCUPATION IS Registration Dist. No. It death occurred in PHYSICIANSWard) a hospital or Institution. RECORD give its NAME instead Coup of street and number. 1 MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS ENT statemen CTLY. 16 DATE OF DEATH 5 SINGLE. 3 SEX 4 COLOR OR RACE MARRIED. ERMAN WIDOWED. BINDING (Month) (Day) (Year) (Write the word) I HEREBY CERTIFY, That I attended deceased from Exac tated 6 DATE OF BIRTH 43 classified. that I last saw h. (Month) (Day) (Year) pe 7 AGE If LESS than and that death occurred on the date stated above, at ō 1 day hrs. The CAUSE OF DEATH * was as follows: OR 7 sh BOCCUPATION proper ш (a) Trade, protession, or AG particular kind of work Z (b) General nature of Industry. supplied. be SERV business, or establishment in O may which employed (or employer) Contributory certificate. 9 BIRTHPLACE (Secondary) (State or country) carefully Ш that (Duration) 10 NAME OF FATHER (Signed) M. D. 80 Jo ARGIN 90 11 BIRTIPLACE OF FATHER back terms, K should *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY, and (2) whether Acciden-(State or country) ш E O 2 12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. plain N. OF MOTHER Instructions Information 0 16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE _= OF MOTHER (State or country) ot death yrs. ... State -EATH Where was disease contracted. OF KNOWLEDGE If not at place of death? of See Former or item OF usual residence Every Ite CAUSE (Important OF BURIAL OR REMOVAL DATE OF BURIAL 15 20 UNDERTAKER ADDRESS m REGISTRAR To more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

8273

STATE OF MARYLAND

CERTIFICATE OF DEATH

PLACE OF DEATH

state

[Approved by U. S. Census and American Public Health Association.]

CAUSING DEATH, state occupation at beginning of iilof persons engaged in domestic service for wages, as gainfully employed, as At school or At home. duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. Physician, Compositor, Architect, Locomotive engineer, ness of various pursuits can be known. The question who have no occupation whatever, write None cated thus: Farmer (retired 6 yrs.). been changed or given up on account of the DISEASE Scrvant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as minc, etc. statement. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry; and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. tion is very important, so that the relative wealthful-(a) Spinner, (b) Cotton mill; (a) Salesman, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As exampies: For persons "Foreman," (d)

Statement of cause of death—Name, first, the disease causino death—Name, first, the disease causino death—Name, first, the disease to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid disease). Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

by carbolic acid-probably suicide. The nature of the such, if impossible to determine definitely. mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage, as "Purperal septicharetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," genital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," ample: Meastes (disease causing death), 29 de.: affection need not be stated unless important. nant neopiasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for malig ture of the American Medicai Association.) cause of death approved by Committee on Nomencla. "Contributory." sepsis, tctanus) injury, as fracture of skull, and consequences (e. g., dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. -Heart failure," "Haemorrhage," "Inanition," "Maras. mere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. valvular heart disease; Chronic interstitial nephritis oma. Surcoma. etc., of .. The contributory (secondary or intercurrent) Always qualify all diseases resulting from (Recommendations on statement of may be stated under the head of (name origin; "Can Never report Examples: For VIO-



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	Y. ent		PERSO			CAL PARTICI	JLAKS
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2	should be s y classified.	7 AG	E	/	rs. 4	mos.	ds. 01
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WRITE PLAINLY, WILL ON	item of information should be c OF DEATH in plain terms, so ant. See Instructions on back of		10 NAME OF FATHER 11 BIRTHPL OF FATH (State or company) 12 MAIDEN OF MOTH (State or company) 13 BIRTHPL OF MOTH (State or company) 14 ABOVE IS (Informant) (Address)	NAME HER OUNTRY)	Tal Tal Prin 2 als To THE BES		
	Every CAUSE Import	15	7/1		2 7	wholl	for

If LESS that

t day,....hrs OR mln. ?

OWLEDGE

1 PLACE OF DEATH

STATE OF MARYLAND CERTIFICATE OF DEATH

Registered No. 2 5

St;.....Ward)

[If death occurred in a tospital or institution.

Eumming !	give its NAME instead of street and number.]
MEDICAL CERTIFICATE	OF DEATH
16 DATE OF DEATH (Month	(30 , 1913
	at I attended deceased from
grue 20, 1913, to 9	uu 3 € , 191 3
that I last saw h Lalive on 94	cue 30 191 =
and that death occurred on the date stat	
The CAUSE OF DEATH * was as follows	
Gastro - Ente	xeles
***************************************	<i>p</i>
(Duration)	yrsmosd
Contributory	
(Secondary)	*
(Doration)	yrsmosd
11 my 1+31	usu -
(Signed) W . J . J . L	, M. I
Jule 1, 191 3 (Address) 07	twees rele
*State the DISEASE CAUSING DEATH, of	or in deaths from Vector
CAUSES, state (1) MEANS OF INJUEY;	and (2) whether Acciden-
16 LENGTH OF RESIDENCE (FOR HOSPITA OR RECENT RESIDENTS)	LS, INSTITUTIONS, TRANSIENT
At place In the	
	e yrs, mos d
Where was disease contracted, If not at place of death?	
Former or	
usual residence	· · · · · · · · · · · · · · · · · · ·
19 PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
1 1	7 /2
M Reason I Final	(1) // - 1913
20 UNDERTAKER	ADDRESS

ft more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). For persons duties of the household only (not pald Housekeepers fication, as Day laborer, Farm laborer, Laborer—Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as Grocery; (a) Foreman, (b) Automobile factory. it should be used only when necded. additional line is provided for the latter statement mine, etc. the nature of the business or industry, and therefore an essary to know cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-For many occupations a single word or term on the (a) Spinner, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," (b) Cotton mill; (a) Salesman, (a) the kind of work and also (b) Farmer or Planter, As examples (0)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic ceretrospinal meningitis"); Diphtheria (avoid use of "Cronp"); Typhoid favor (never report "Typhold diseasen); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is Indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

genitai," sepsis, tetanus) may be stated under the head such, if impossible to determine definitely. mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage, as "Puerperal septichaecause. etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," ture of the American Medical Association.) cause of death approved by Committee on Nomencia-"Contributory." injury, as fracture of skuil, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For vio-"Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Mcasles; Whooping cough; Chronio oma. Sarcoma. etc., of ... is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) Aiways qualify all diseases resulting from "Senile," etc.), (Recommendations on statement of "Dropsy," "Exhaustion," (name origin; "Can-State cause for Examples:

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

HECKIVED
AUG 1 1918
BUREAU, V.S.

Ounty Queen auce	8275	CERTIFICAT	
01.65		Re	gistered No. 253
Village or City Marian	No. Sum	St;	(Ward) [If death occurred a hospital or Institute give its NAME Institute of street and number
PERSONAL AND STATISTICAL PARTIC	ULARS	MEDICAL CERTIFICA	TE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, ORGIVORCE (Write the	Suel 180	ATE OF DEATH JULY	Q , 191 uth) (Day) (Year) That latended deceased fr
6 DATE OF BIRTH (Month) (Day		1913 to	June 191
7 AGE 1 yrs. 3 mos. 20	1 day,hrs. The C	hat death occurred on the date of	
OCCUPATION (a) Trade, profession, or particular kind of work	7	Mara	миь
business, or establishment in which employed (or employer)	(a) Co	ontributory	n)mos
10 NAME OF FATHER OUT DU	uu (Signer		ny yrs mos My der M.
OF FATHER (State or country) 12 MAIDEN NAME (2)	CAU	State the Disease Causing Deati ses, state (1) Means of Injury , Suicidal, or Homicidal.	i, or, in deaths from Violent; and (2) whether Accident
of Mother 13 BIRTHPLACE OF MOTHER (State or country)	18 LE OR At place of dear	NGTH OF RESIDENCE (FOR HOSP RECENT RESIDENTS) 10 In 11 In yrs ds.	ITALS. INSTITUTIONS, TRANSIENT
(Informant) A MAN (Informant)	OWLEDGE Where If not Formel usual	was disease contracted, at place of death? r or residence	
(Address) Clester, 115 Filed Line 18, 1913 . Q. VI	formax 20 UI	ester The State of Burial or Removal	DATE OF BURIAL
If more blanks are needed, address S	RECISTRAR	-S. Thomas	Hevensin

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not pald Housekeepers mine, etc. fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, It is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer. first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age ness of various pursuits can be known. The question tion is very important, so that the relative healthful-(a) Spinner, (b) Cotton mill; (a) Salesman, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," As examples: For persons (0)

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid deumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) may be stated under the head of such, if impossible to determine definitely. childbirth or miscarriage, as "Puerperal septichaecause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," ture of the American Medicai Association.) injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acct-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse." "Coma," "Convuisions," "Debility" ("Conthenia," "Anaemla" (merely symptomatic), "Atrophy," Bronchopncumonia (secondary), 10 ds. ample: Meastes (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis. nant neoplasms); Measles; Whooping cough; Chronic mere symptoms or terminal conditions, such as "Asoma. Sarcoma. etc., of is less definite; avoid use of "Tumor" for malig The contributory (secondary or intercurrent) (Recommendations on statement of (name origin; "Can-State cause for Never report Examples: For vio-



10) pinous PHYSICIANS shou Registration Dist. No [If death occurred inWard) a hospital or Institution, RECORD give its NAME lostead of street and number. 1 MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS statement RMANENT XACTLY 18 DATE OF DEATH 5 SINGLE. SEX 4 COLOR OR RACE MARRIED, WIDOWED, Widon Month) (Day) (Year) ORDIVORCED (Write the word) 国 I HEREBY CER Y. That I attended deceased from Exact tated 6 DATE OF BIRTH PE ciassified, 4 (Month) (Day) (Year) m à 7 AGE If LESS than S and that death occurred on the date stated U 1 day hrs. oui _mos.__ OR mln. ? sh properly 8 OCCUPATION Ш (a) Frade, profession, or O d INK particular kind of work... (b) General nature of industry, pe supplied business, or establishment in UNFADING (Duration) may which amployed (or employer) Contributory State or country) (Secondary) carefully in that it it 10 NAME OF FATHER (Signed) 80 of ARGIN I 0 WITI à back terms, 11 BIRTHPLACE 191 ... (Address) ENT OF FATHER pin (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT 0 CAUSES, state (1) MEANS OF INJURY; and (2) whether Acciden-AR 12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. ATH in plain instructions o 0 OF MOTHER PLAINL 0 0 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS) rmati 13 BIRTHPLACE At place In the OF MOTHER of death _____ yrs. ____ mos. ___ (State or country ATH _ ds. State Where was disease contracted. WRITE MY KNOWLEDGE M See If not at place of death? 2 H Former or item OF usual residence. mportant. 12 OF BURIAL OR REMOVAL DATE OF BURIAL EVery (Address) 15 20 UNDEBTAKER DDRESS Filed 10 REGISTRAF ż If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

PLACE OF DEATH

state

STATE OF MARYLAND

CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health
Association.]

fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specicated thus: Farmer (retired 6 yrs.). CAUSINO DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. duties of the household only (not paid Housekeepers mine, etc. statement. additional line is provided for the latter statement; Physician, Compositor, Architect, Locomotive engineer, who have no occupation whatever, write None. been changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. the nature of the business or industry; and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative mealthfui-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: For persons "Foreman," (6)

Statement of cause of death—Name, first, the DISEASE CAUSINO DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tubercutosis of lungs, meninges, peritonaeum, etc.. Carcin-

ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and consequences (e. g., by carbolic acid—probably suicide. dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For vicmia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage, as "Purspersal septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Hart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. ample: Measles (disease causing death), 29 ds. affection need not be stated unless important. valvular heart disease; Ohronic interstitial nephritis oma. Sarcoma. etc., of . nant neoplasms); Measles; Whooping cough; Chronic is less definite; avoid use of "Tumor" for mails The contributory (secondary or intercurrent) tetanus) Always qualify all diseases resulting from (Recommendations on statement of may be stated under the head "Dropsy," "Exhaustion," (name origin; "Can The nature of the Never report



7 7 PERMANENT RECORD 4 WRITE PLAINLY, WITH UNFADING INK-THIS IS MARGIN

BINDING

FOR

Village or City Bus upton	(No.)	give its NAME
PERSONAL AND STATISTICAL PARTIC	11	CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE MARRIED, WIGOWED, ORDIVORCE (Write the	17 I HERED	(Month) (Day) (Yes
Junky 3 (Month) (Day	(Year) that I last saw h a a	91.3., to
(a) Trade, profession, or particular kind of work. (b) General nature of Industry, business, or establishment in which employed (or employer) **BIRTHPLACE** (State or country)	Contributory (Secondary)	(Duration) yrs. 7 mos. (Duration) yrs. mos.
OF FATHER JAMES 1100 11 BIRTHEXACE (State or country) 12 MAIDEN NAME OF MOTHER OF MOTHER	State the DISEASE C CAUSES, state (1) MEA TAL, SUICIDAL, OF HOM	(Address) Causing Death, or, in deaths from Viol. Ins of Injury; and (2) whether Accuraced to the control of t
13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KN (Informant)	At place of death	In the s ds. State yrs, mos
(Address) Counques 16 Filed June 2/1913 (Arthur 2	19 PLACE OF BURIAL OF Langton 20 UNDERTAKER REGISTRAR Bradley 4	June 22 ,11

8277

1 PLACE OF DEATH

STATE OF MARYLAND

[Approved by U. S. Census and American Public Health
Association.]

cated thus: Farmer (retired 6 yrs.). ness. If retired from business, that fact may be indi-CAUSING DEATH, state occupation at beginning of illwho have no occupation whatever, write None. been changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. mine, etc. cases, especially in industrial employments, it is necadditional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the Never return "Lahorer," "Foreman," As examples: For persons (0)

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease to time and causation), using always the same accepted term for the same disease. Examples: Corebrospinal fever (the only definite synonym is "Epidemic cere-brospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid disease). Bronchopneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc... Carcin-

ture of the American Medical Association.) cause of death approved by Committee on Nomenclainjury, as fracture of skull, and consequences (e. g., "Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as mia," "PUEBPEBAL peritonitis," etc. childbirth or miscarriage, as "Puerperal septichaecause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the Accidental drowning; Struck by railway train—acctwhich surgical operation was undertaken. mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronio cer" is less definite; avoid use of "Tumor" for maligoma. Sarcoma. etc., of _ The contributory tetanus) may be stated under the head "Senile," etc.), "Dropsy," "Exhaustion," (Recommendations on statement of (secondary or intercurrent) (name origin; "Can-State cause for Examples:



Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. RECORD PERMANENT BINDING 4 IS FOR UNFADING INK-THIS RESERVED MARGIN WRITE PLAINLY, WITH No. 1.

N. B.

vi

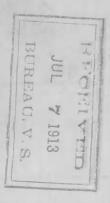
1 PLACE OF DEATH 8278	STATE OF MARYLAND
County Queen anne	CERTIFICATE OF DEATH
Gounty School	Registration Dist. No. 252
Village or City Paper (No. 2)	St.; Ward) [If death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Mall 4 COLOR OR RACE Single, MARRIEO, WIOOWEO, OR DIVORCEO (Write the word)	16 DATE OF DEATH (Month) (Day (Year) 1 HEREBY CERTIFY That I attended deceased from
6 DATE OF BIRTH Marc. 14-1918	that I last saw have alive on June 19 1913,
7 AGE (Month) (Day (Year) It LESS than 1 day,hrs. ORmin.?	and that death occurred on the date stated above, at m, The CAUSE OF DEATH* was as follows:
(a) Trade, profession, or particular kind of work	Ilu Colini
(b) General nature of Industry, business, or establishment in which employed (or employer)	(Duration)yrsmos. Cds.
9 BIRTHPLACE (State or country) Queen auen Come Com	Gontributory Secondary Ouration yrs mos ds.
10 NAME OF Mrs. C. Harrison	(Signed) V. J. M. D. M. D.
11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME 12 MAIDEN NAME 13 MAIDEN NAME 14 MAIDEN NAME 15 MAIDEN NAME 16 MAIDEN NAME 17 MAIDEN NAME 18 MAIDEN NAME 19 MAIDEN NAME 10 MAIDEN NAME 10 MAIDEN NAME 10 MAIDEN NAME 11 MAIDEN NAME 12 MAIDEN NAME 12 MAIDEN NAME 13 MAIDEN NAME 14 MAIDEN NAME 15 MAIDEN NAME 16 MAIDEN NAME 17 MAIDEN NAME 18	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Acciden-
of MOTHER Mary 1. Clough	TAL, SUICIDAL, OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
13 BIRTHPLACE OF MOTHER (State or country) Queen Aum & nu	At place In the of death yrs mos ds. State yrs mos ds
(Informant) The BEST OF MY KNOWLEDGE	Where was disease contracted, If not at place of death? Former or usual residence.
(Address) Churroull min 12	DISPLACE OF BURIAL OR REMOVAL DATE OF BURIAL 6-2-1915 ZO UNDERTAKER ADDRESS
Level REGISTRAR	strar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

', material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The - statement. should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not pald Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-"Manager," "Dealer," etc., without more precise speciit should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age ness of various pursuits can be known. The question who have no occupation whatever, write None. cated thus: CAUSING NEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as essary to know (a) the kind of work and also (b)been changed or given up on account of the disease (a) Spinner, Statement of occupation-Precise statement of occupais very important, so that the relative healthful-If retired from business, that fact may be indi-Women at home, who are engaged in the Never Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, return "Laborer," As examples: "Foreman,"

Statement of cause of death—Name, first, the misease causing neath (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only defluite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin

"Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," rabular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of..... (name origin; "Cansepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICINAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For vio mia," "PUERPERAL peritonitis," etc. State childbirth or miscarriage as "Puerperal septichaeetc., when a definite disease can be ascertained as the "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Measles affection need not be stated unless important. ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-The contributory (secondary or intercurrent) is less definite; avoid use of "Tumor" for malig-Always qualify all diseases resulting from "Senile," etc.), "Dropsy," (Recommendations on statement of (disease causing death), 29 ds.; "Exhaustion," cause for



PLACE OF DEATH	STATE OF MARYLAND
County Juleu Cunz	CERTIFICATE OF DEATH
	Registration Dist. No. 255
Village or City Unicom Mills (No.)	St.; Ward) [If death occurre a hospital or institution of street and number of street and nu
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
4 COLOR OR RACE SINGLE, MARRIED. WIOOWED, OR DIVORCED (Write the word)	16 DATE OF DEATH JUNE 4th, 191 (Month) (Day) (Year)
B DATE OF BIRTH Not Thrown; 1	Than 9 1913, to June 4th 191 that I last saw here alive on June 191
7 AGE (Month) (Day) (Year) 7 AGE If LESS than t day, hrs. ds. OR min.?	and that death occurred on the date stated above, at
(a) Trade, profession, or particular kind of work (b) General natore of industry, business, or establishment in which employed (or employer) BIRTHPLACE (State or country) Maryland.	(Duration) yrs. 6mos. Contributory Edema J. Gungs
10 NAME OF Howard Hicks 10 11 BIRTHPLACE	(Signed) (Duration) yrs mos & (Signed) (Signed) , M. (Address) Milling (San)
12 MAIDEN NAME OF MOTHER NAME NO.	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENT TAL, SUICIDAL, OF HOMICIDAL.
13 BIRTHPLACE OF MOTHER (State or country) That Known.	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENT OR RECENT RESIDENTS) At place In the of death
(Intermant). Thouard Hields	Where was disease contracted, It not at place of death? Former or usual residence
(Address) fulling to full Filed June 5, 191 A more & Sander REGISTRAR	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL G. G. 191. 20 UNDERTAKER APDRESS
If more blanks are needed, address State Regis trar, 6	E. Franklin St., Balto, Requesting V. S. No. 1.

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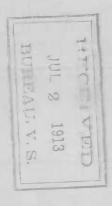
1 PLACE OF DEATH

[Approved by U. S. Census and American Public Health Association.]

(a) Spinner, (b) Cotton mill; (a) Salesman, (b) "Manager," "Dealer," etc., without more precise specification, as Day laborer, Farm laborer, Laborer—('aa) it should be used only when needed. As examples statement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should he taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. additional line is provided for the latter statement; the nature of the husiness or industry; and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative Lealthfulbeen changed or given up on account of the DISEASE Civil engineer, Stationary freman, etc. But in many For many occupations a single word or term on the Statement of occupation -- Precise statement of occupa-If retired from husiness, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman,"

Statement of cause of death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Tneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

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STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist, No. & 2 Village or City Resource (No. Address) PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICUL	Ì	8280	
Village or City Ward PERSONAL AND STATISTICAL PARTICULARS SEX **COLOROR RACE **COLOR			STATE OF MARYLAND
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REGISTRAR OF TOTAL OF THE OWN			60 11 11 10 10 11 11
If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.			trop C D Eventury St. Date Beauchter V C N.

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SICIANS should state OCCUPATION Is very Registration Dist. No. Tif death occurred in PHYSICIANS St: Ward) a hospital or institution, RECORD give its NAME instead of street and number. T MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS statement 16 DATE OF DEATH 5 SINGLE. SEX 4 COLOR OR RACE MARRIED. WIDOWED. (Month) ORDIVORCED (Write the word) I/HEREBY CERTIFY, That I attended deceased from Exa . 191 classified. that I last saw h alive on (Day) (Month) (Year) be TAGE If LESS than and that death occurred on the date stated above, at should C 1 day, hrs. The BAUSE OF DEATH OR ? properly SOCCUPATION AC (a) Frade, profession, or INK particular klod of work (b) General nature of industry, supplied. pe business, or establishment in ADING (Doration) .mos.... may which employed (or employer) Contributory. 9 BIRTHPLACE (Secondary) certifica (State or country) carefully 44 that 10 NAME OF FATHER 80 10 ARGIN Ď, terms, 11 BIRTHPLACE FNI OF FATHER hould (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Acciden-AR 12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. 10 plain OF MOTHER lons ormation 0. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE ī Instruci At place In the OF MOTHER (State or country State x _ yrs. mos. _ ds. EAT Where was disease contracted. if not at place of death?. P C Former or (Informant) OF Em dsual residence Important. ting ls.i OR REMOVAL EVELY 15 20 UNDERTAKER ADDRESS m REGISTRAR Momore blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

STATE OF MARYLAND

DEAT

CERTIFICATE OF

[Approved by U. S. Census and American Public Health
Association.]

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	RECORD	PHYSICIANS should state
T. B. No. 1. MARGIN RESERVED FOR BINDING	WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD	N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.
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PLACE OF DEATH 8282	STATE OF MARYLAND		
County Lucen aus	CERTIFICATE OF DEATH		
	Registration Dist. No.		
Village or City Trusville (No.,	St.; Ward) [If death occurred in a hospital or institution, give its NAME instead		
FULL NAME Medford Filbert	Edward Hoyter of street and number.]		
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH		
3 SEX 4 COLOR OR RACE 6 SINGLE, MARRIED, WIDOWED, OR OIVERCED (Write the word)	16 DATE OF DEATH (Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended deceased from		
6 DATE OF BIRTH May 19 (Month) (Day) (Year)	mat I last saw h LAM, alive on \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		
7 AGE If LESS than 1 day,hrs. yrs	and that death occurred on the date stated above, at		
© OCCUPATION (a) Frade, profession, or particular kind of work	Healolito		
(b) General nature of Industry, business, or establishment in which employed (or employer)	(Duration) yrs mos 13 ds.		
9 BIRTHPLACE (State or country) Kunt d slaut	Contributory (Secondary) (Detelian) yrs mos 4 ds.		
on 11 BIRTHPLACE TILBUTE Select Hoyler.	(Signed) Sugar M. D. 29 191 3 (Address) Survivantille		
Z (State or country) / Stut & Slaud	*State the DISEASE CAUSING DMATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.		
of Mother Guth May Wilson 13 BIRTHPLACE OF MOTHER (State or country) Millon Llel	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS) At place In the		
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	of death yrs mos ds. State yrs mos ds. Where was disease contracted,		
(Informant) Grace & Hoyter.	Il not at place of death? Former or usual residence.		
(Address) Themsile, My	19 PLACE OF BURIAL OR REMOVAL PATE OF BURIAL SECONDARY LO MAY 28, 191 3		
Filed Alle 27, 191 3 F. Thomas	20 UNDERTAKER APPRESS		
	r, 6 E. Franklin St., Balto., Requesting V. S. No. 1.		
man was marrow acquesting to b. to. I. Our			

[Approved by U. S. Census and American Public Health Association.]

"Manager," "Dealer," etc., without more precise speci-fication, as Day laborer, Farm laborer, Laborer—Coal Material worked on may form part of the second cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of iliof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. duties of the household only (not paid Housekeepers statement. Grocery; (a) Foreman, (b) Automobile factory. The additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) applies to each and every person, irrespective of age. who have no occupation whatever, write None. been changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not who receive n definite salary), may be entered as it should be used only when needed. the nature of the business or industry; and therefore an cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, tion is very important, so that the relative mealthfui-For many occupations a single word or term on the ness of various pursuits can be known. The question Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that fact may be indi-Women at home, who are engaged in the Never (b) Cotton mill; (a) Salesman, return "Laborer," As examples: For persons "Foreman," (6)

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonacum, etc.. Carcin-

cause of death approved by Committee on Nomencia-*Contributory." such, if impossible to determine definitely. Examples: mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage, as "PUERPERAL septichaemus," "Oid Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasture of the American Medical Association.) injury, as fracture of skuii, and consequences (e. g., dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably which surgical operation was undertaken. For vioetc., when a definite disease can be ascertained as the "Coliapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," by carbolic acid-probably suicide. LENT DEATHS State MEANS OF INJURY and qualify as mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. ample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis oma. Sarcoma. etc., of .. nant neopiasms); Measles; Whooping cough; Chronic is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) Always qualify all diseases resulting from "Senile," etc.), (Recommendations on statement of may be stated under the head "Dropsy," "Exhaustion," (name origin; "Can-The nature of the Never report



certificate.

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on back

See Instructions

B.

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vi

1 PLACE OF DEATH

8283

County Lucen anne

Flied 6 - 21, 1913 May



STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 252

ADDRESS

Village or City near Centrevellerno.	St.; Ward) [If death occurred in a hospital or institution, give its NAME instead
*FULL NAME TERROR /	shukon of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Jemale colored - (Write the word)	(Month) (Day (Year)) I HEREBY CERTIFY, That I attended deceased from
6 DATE OF BIRTH (Month) (Day (Year)	that I last saw had alive on luce 2,1913
7 AGE Old Stark yrs. mos. ds. OR. min.?	and that death occurred on the date stated above, at m The GAUSE OF DEATH * was as follows:
(a) Trade, profession, or particular kind of work. (b) General nature of industry,	Onkern at Hemorrhage
business, or establishment in which employed (or employer) BIRTHPLACE (State or country) Julen annually	Contributory Corte Cheury Secondary (Duration) yrs 6 mos ds
10 NAME OF FATHER William Jacobe. 11 BIRTHPLACE OF FATHER (State or country) Julean anne 60	(Signed) Address) Cellerelly & *State the Disease Causing Death, or, in deaths from Violen
12 MAIDEN NAME OF MOTHER Jane Carle 13 BIRTHPLACE OF MOTHER	TAL, SUICIDAL, OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OF RECENT RESIDENTS) At place in the
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) Cats Jacobs (Brs.)	of deathyrsmosds. Stateyrsmosds Where was disease contracted, If not at place of death? Former or usual residence.
(Address) Centreville Md.,	Burisvelle md., 6-22, 1913

Centrevelle my 1 more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

REGISTRAR

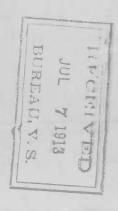
20 UNDERTAKER

[Approved by U. S. Census and American Public Health Association.]

duties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise speciadditional line is provided for the latter statement; applies to each and every person, irrespective of age. tion is very important, so that the relative healthfulshould be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal statement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question who have no occupation whatever, write None. cated thus: Farmer (retired 6 yes.) For persons causing dearn, state occupation at beginning of ill-Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as who receive a definite salary), may be entered as been changed or given up on account of the DISEASE Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that fact may be indi-Women at home, who are engaged in the Never (b) Cotton mill; (a) Salesman, return "Laborer," As examples: "Foreman," (4)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meuingitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronie oma, Sarcoma, etc., of...... (name origin; "Cansuch, if impossible to determine definitely. Examples: LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. childbirth or miscarriage as "Puerperal septichaeetc., when a defiuite disease can be ascertained as the mus," "Old Agc," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. ample: Measles (disease causing affection need not be stated unless important. cause of death approved by Committee on Nomencla-"Coutributory." injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably is less definite; avoid use of "Tumor" for maligof the Americau Medical Association.) The contributory (secondary or intercurrent) tetanus) may be stated under the head Always qualify all diseases resulting from (Recommendations on statement of death), 29 State cause for "Exhaustion," Never report



N. B.—Every Item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD RESERVED FOR BINDING MARGIN V. S. No. 1.

County Mulling	STATE OF MARYLAND CERTIFICATE OF DEATH Registered No. 25-3
Village or City Neverwoull (No.) 2 FULL NAME Planete Valerie	St; Ward) [If death occurred in a hospital or Institution, give fits NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIEO, WIDOWEO, OR OIVORCEO (Write the word)	16 DATE OF DEATH (Month) (Day) (Year) I HEREBY CENTIFY, That I attended deceased from
6 DATE OF BIRTH (Month) (Day) (Year)	Chat I last saw h Le alive on June 24, 1913
TAGE 38 yrs. 2 mos. 2 ds. or. min.?	and that death occurred on the date stated above, at / m, The CAUSE OF DEATH * was as follows:
e occupation (a) Trade, profession, or particular kind of work (b) General nature of industry,	Chronil Histrilis
business, ar establishment in which employed (or employer) BIRTHPLACE (State or country)	Contributory (Secondary)
10 NAME OF Aill Peff	(Sigled) 9005, (Sugar M. D.
11 BIRTHPLACE OF FATHER (State or equitry) 12 MAIDEN NAME	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.
of Mother Maurie Polosooo 13 BIRTHPLACE OF MOTHER (State or country) Monday	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the
14 THE ABOVE IS RUE TO THE BEST OF MY KNOWLEDGE (Informant)	Where was disease contracted, If not at place of death? Former or usual residence.
(Address) Devening the	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
Filed June 25, 191 3 L. C. Thomas	Devensor Lega Steversor 1813.
If more blanks are needed, address State Registrar, 6 E	

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). ness. If retired from business, that fact may be indi-CAUSING DEATH, state occupation at beginning of iil-Servant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations gainfully employed, as At school or At home. Care duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. additional line is provided for the latter statement cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., applies to each and every person, irrespective of age ness of various pursuits can be known. The question who have no occupation whatever, write None. been changed or given up on account of the pisease of persons engaged in domestic service for wages, as Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. it should be used only when needed. the nature of the business or industry, and therefore an essary to know For many occupations a single word or term on the tion is very important, so that the relative healthfui-Statement of occupation-Spinner, (b) Cotton mill; (a) Salcsman, Women at home, who are engaged in the Never (a) the kind of work and also (b) return "Laborer," -Precise statement of occupa-Farmer or Planter, As examples: For persons "Foreman," (4)

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid dneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

such, if impossible to determine definitely. mia," "PUEBPERAL peritonitis," etc. mus," "Old Age," "Shock," "Uraemia," "Weakness," ample: Measles (disease causing nant neoplasms); Measles; Whooping cough; Chronic ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." scpsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acct-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viochildbirth or miscarriage, as "PUERPERAL septichaecause. etc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis. oma. Sarcoma. etc., of is less definite; avoid use of "Tumor" for malig The contributory (secondary or intercurrent) Always qualify all diseases resulting from (Recommendations on statement of (name origin; "Candeath), 29 ds.; State cause for Never report Examples:



N. B.

	1 PLACE OF DEATH 8285	STATE OF MARYLAND		
		CERTIFICATE OF DEATH		
Co	unty Muce Unne	Registered No. 253		
	Pl. t.	[If death occurred in		
V	illage or City Cherler (No.	St; Ward) a hospital or institution,		
	11 -+ 0	give its NAME Instead of street and number.]		
	FULL NAME STURRED (Tersey of street and number.		
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH		
3 SE	4 COLOR OR BACE 5 SINGLE,	16 DATE OF DEATH		
- 36	7 WIDOWED, PRANTILE	(Month) (Day) (Year)		
0	2 White (Write the word)	17 I HEREBY CERTIFY, That I attended deceased from		
6 D	ATE OF BIRTH	may 27", 1913, to June 4, 1913,		
(29,1836	that I last saw h (alive on home 4 1913		
4	(Month) (Day) (Year)	2210		
TAC	T day,hrs.	and that death occurred on the date stated above, at		
		The CAUSE OF DEATH* was as follows:		
	CCUPATION	646. 1008.To		
	Trade, profession, or Housewift			
(b)	General nature of industry,			
	iness, or establishment in Comping to the employed (or employer)	(Duration) yrs. mos / ds.		
9 BIRTHPLACE		(Secondary)		
(8	tate or country) I g lew Md	(Duration) yrs mos / O ds.		
	10 NAME OF	(Signed) Wm J HEnry . M. D.		
	FATHER James Tolson	Q+ 100 h		
TS	11 BIRTHPLACE	Jen 5, 1913 (Address) Dieverobels A		
E N	(State or country) Maryland	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Acciden-		
ARI	OF MOTHER . GAM	TAL, SUICIDAL, OF HOMICIDAL		
0	Unnit My saranes.	18 LENGTH OF RESIDENCE (FOR MOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)		
	OF MOTHER (State or country) Mary Land	At piace In the of death yrs mos, ds. State yrs mos, ds.		
14 -	THE ABOVE 'S TRUE TO THE BEST OF MY KNOWLEDGE	Where was diseasa contracted,		
	am Langer	it not at place of death?		
(Informant)		usuai residence		
	(Address) Clester, Mrs	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL		
15	1 70 7/	Meoritabelle June 5, 1913.		
Filed line 1 1913 N. S. Lhomas		20 UNDERTAKER ADDRESS . On		
(1)	Local REGISTRAR	Hough a. Laga Stevensolle		
If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.				

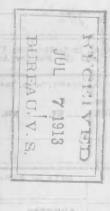
STATE OF MARYLAND

[Approved by U. S. Census and American Public Health Association.]

, who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at beginning of Illbeen changed or given up on account of the DISEASE of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care duties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise speci-Groccry; (a) Foreman, (b) Automobile factory. additional line is provided for the latter statement cases, especially in industrial employments, it is nec-Servant, Cook, Housemaid, etc. If the occupation bas Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. fication, as Day laborer, Farm laborer, Laborer-Coal statement. material worked on may form part of the second it should be used only when needed. the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," (b) Cotton mill; (a) Salesman, Farmer or Planter, As examples "Foreman,"

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state Mary CERTIFICATE OF DEATH meendune PHYSICIANS should OCCUPATION Registration Dist. No.... If death occurred in a hospital or institution. RECORD R. Merca give its NAME instead of street and number. T 50 MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS statemen CTLY. 16 DATE OF DEATH 5 SINGLE. 3 SEX MARRIED. WICOWED, EXA (Day) (Year) Write the word TIFY. That I attended deceased from 17 Exact 6 DATE OF BIRTH classified. 4 (Month) (Day) (Year) pe If LESS than 7 AGE and that death occurred on the date stated above, a 1 day, hrs. shou DEATH* was as follows: properly BOCCUPATION Ш AG (a) Frade, profession, or particular kind of work. supplied. (b) General nature of industry. pe business, or establishment in (Duration) may which amployed (or employer) Contributory certificate. 9 BIRTHPLACE (State or country) (Secondary) carefully that 10 NAME OF (Signed) FATHER 0 Jo ARGIN 10 back 11 BIRTHPLACE terms, ENT OF FATHER should (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-6 03 12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. plain d Suo OF MOTHER Δ, 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, nformation OR RECENT RESIDENTS) Instruct 13 BIRTHPLACE _ At place In the OF MOTHER (State or country of death _____ ds. State yrs. EATH ... mos. Where was disease contracted, If not at place of death? 0 0 OF usual residence mportan 19 PLACE ial. OF BURIAL OR REMOVAL DATE OF BURIAL Every 15 20 UNDERTAKER ADDRESS If more hlanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

1 PLACE OF DEATH

STATE OF MARYLAND

[Approved by U. S. Census and American Public Health Association.]

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Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar*pneumonia; Bronchopneumonia ("Deumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carein-

mus," "Old Age," "Shock," "Uraemia," "Weakness," -Heart failure," "Haemorrhage," "Ipanition," "Marassepsis, tetanus) may be stated under the head of ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably mia," "Tuenpenal peritonitis," etc. State cause for childbirth or miscarriage, as "PULRPERAL scptichaegenital," "Senile," etc.), cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skuli, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. etc., when a definite disease can be ascertained as the "Collapse." "Coma," "Convulsions," "Debility" ("Conture of the American Medical Association.) thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. ample: Measles (disease causing death), 29 da.; affection need not be stated unless important. valvular heart disease; Ohronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic oma. Sarcoma. etc., of is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) Always qualify all diseases resulting from (Recommendations on statement of "Dropsy," "Exhaustion," (name origin; "Can-Never report Examples: Hor VIO-



N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. A PERMANENT RECORD MARGIN RESERVED FOR BINDING WRITE PLAINLY, WITH UNFADING INK-THIS IS V. S. No. 1.

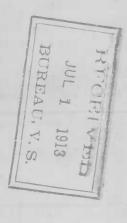
1 PLACE OF DEATH 8287	STATE OF MARYLAND
County Lucen 4mm	CERTIFICATE OF DEATH
0 1-	Registration Dist. No. 2 5.4
Village or City Queens lown (No.	St.; Ward) [If death occurred a hospital or institution give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIEO, MUONEO, OR OIVORGEO (Write the word)	16 DATE OF DEATH and 23 rd (Month) (Day) (Year)
6 DATE OF BIRTH 185'7 165	17 CHEREBY CERTIFY, That I attended deceased from 1913, www 23 rd, 1918
Am - (Month) (Day) (Year	About I look your to food after the file of the file o
7 AGE	and that death occurred on the date stated above, at
5-6 yrs. mos. 6 ds. OR mln.	I THE CAUSE OF DEATH'S WAS AS TOLLOWS!
(a) Trade, profession, or particular kind of work	Contributory Indi Les trim and the Categoria
State or country) Queenstown 2a, Co_	(Secondary) Condition y Stomach (Duration) 2 yrs mos.
10 NAME OF Chan B. Mitchell	(Signed) Los Lan Finley M.
of FATHER (State or country) many land	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Acciden-
of MOTHER Surpu Emony	TAL, SUICIDAL, OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS) OR RECENT RESIDENTS)
13 BIRTHPLACE OF MOTHER (State or country) Dulin ann's lo	At place in the of death yrs. mos. ds. State yrs. mos. d
(Informant) 2 B M Millie (Informant)	Where was disease contracted, If not at place of death? Former or usual residence.
(Address) Chlerica Ina	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL Mye PE, lohunh 6/25 1913
Filed 6/24 1913 MoleMilloon 254 Form REGISTRAF	20 UNDERTAKER ADDRESS
If more blanks are needed, address State Regis tra	r, 6 E. Franklin St., Balto., Requesting V. S No. 1. md

[Approved by U. S. Census and American Public Health Association.]

material worked on may form part of the second "Manager," "Dealer," etc., without more precise speci-(a) Spinner, (b) Cotton mill; (a) Salesman, Grocery; (a) Foreman, (b) Automobile factory. who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fleation, as Day laborer, Farm laborer, Laborer-('oal additional line is provided for the latter statement essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many been changed or given up on account of the DISEASE it should be used only when needed. the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative Realthfulervant, Cook, Housemaid, etc. If the occupation has Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," As examples: For persons

Statement of cause of death—Name, first, the disease causino death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid dineumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tubercutosis of lungs, meninges, peritonaeum, etc.. Carcin-

cause of death approved by Committee on Nomencla "Contributory." scpsis, tctanus) may be stated under the head such, if impossible to determine definitely. which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. cbildbirth or miscarriage. as "Purremeal scotichaemus," "Old Age," "Shock." 'Traemia," "Weakness," ture of the American Medical Association.) injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS state MEANS OF INJURY and qualify as etc., when a definite disease can be ascertained as the Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse." "Coma," "Convulsions," "Debility" ("Conthenta," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Measles (disease causing affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic oma. Sarcoma. etc., of Bronchopneumonia (secondary), 10 ds. Never report is less definite; avoid use of "Tumor" for malig The contributory (secondary or intercurrent Always qualify all diseases resulting from "Senile." etc.), (Recommendations on statement of "Dropsy," "Exhaustion," (name origin; "Can death), 29 State cause for Examples:



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PLAGE OF DEATH 8288 County Que Que	STATE OF MARYLAND CERTIFICATE OF DEATH
County	Registration Dist. No. 253
Village or City Centronila (No	St.; Ward) [If death occurred in a hospital or Institution give its NAME instead
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, ORDIVORGED (Write the word)	16 DATE OF DEATH June 28 - , 1913 (Month) (Day) (Year)
© DATE OF BIRTH (Month) (Day) (Year)	that I last saw h allve on June 17 1913.
7 AGE If LESS than t day,hrs. OR min.?	and that death occurred on the date stated above, at
8 OCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of industry, business, or establishment in which employed (or employer) 8 BIRTHPLACE (State or country)	(Duration) / yrs. mos. ds. Gontributory (Secondary)
(State of country) 10 NAME OF FATHER W. J. Reed- 11 BIRTHPLACE OF FATHER (State or country) Country Country Country Country Country Country Country	(Signed)
12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE OF MOTHER (State or country) Plunsylvania	TAL, SUICIDAL, OF HOMICIDAL. 16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OF REGENT RESIDENTS) At place In the of death
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Intermant) Lewise Read (Wife)	Where was disease contracted, if not at place of death? Former or usual residence
(Address) 15 Filed 6 28 1913 REGISTRAR If prove blanks are needed, address State Regis trar, 6	19 PLACE OF BURIAL OR REMOVAL CENTREMENTE MADRESS 20 UNDERTAKER LOO, L. Dawyen Centrer EFranklin St., Balto, Requesting V. S. No. 1
	me. S. M. I.

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of iliof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," ctc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. additional line is provided for the latter statement the nature of the business or industry, and therefore an Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, who have no occupation whatever, write None. been changed or given up on account of the disease Servant, Cook, Housemaid, etc. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. (a) Spinner, it should be used only when needed. essary to know cases, especially in industrial employments, it is necfirst line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative acaithfui-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman." (b) Cotton mill; (a) Salcsman, (a) the kind of work and also (b) If the occupation has As examples:

Statement of cause of death—Name, first, the dibease caubing death—the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid dneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonacum, etc.. Carcinoscia

childbirth or miscarriage, as "Puerpreal scotichacmus," "Old Age," "Shock." 'Traemia," "Weakness," ture of the American Medical Association.) cause of death approved by Committee on Nomencla "Contributory." sepsis, tetanus) injury, as fracture of skull, and consequences (e. g., by earbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. etc., when a definite discuse can be ascertained as the -Hart failure," "Haemorrhage," "Inanition," "Maras "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" mere symptoms or terminal conditions, such as "As ample: Meastes (disease causing affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic oma. Sarcoma. etc., of Bronchopneumonia (secondary), 10 ds. Never report is less definite; avoid use of "Tumor" for malig The contributory (secondary or intercurrent) Always qualify all diseases resulting from "Senile," (Recommendations on statement of may be stated under the head etc.), (merely symptomatic), "Atrophy," "Dropsy," "Exhaustion," (name origin; "Can death), 29 ds. State cause for Examples:

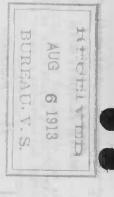


8289 STATE OF MARYLAND SICIANS should state OCCUPATION Is very CERTIFICATE OF DEATH Registration Dist. No. [If death occurred in PHYSICIANS .Ward) a hospital or institution, RECORD give its NAME instead of street and oumber.] MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS FNI 16 DATE OF DEATH S SINGLE, 3 SEX 4 COLOR OR RACE MARRIED. ERMAN WIDOWED, (Month) (Dav) DNIONI (Write the word) I HEREBY CERTIFY, That I at Inded deceased from (Year) classified. (Month) (Day) If LESS than 7 AGE and that death occurred on the date stated above, at should 1 dayhrs. The CAUSE OF DEATH* was as follows: OR 7 HHH properly 8 OCCUPATION AGI (a) Frade, profession, or NX particular kind of work. (b) General nature of Industry, supplied. be business, or establishment la O may which employed (or employer) -----NIC Gontrie tory certificate. 9 BIRTHPLACE (Secondary) (State or country) = carefully that (Deration) œ 10 NAME OF FATHER (Signed) 80 191...3 (Address) 11 BIRTHPLACE back terms, RENT OF FATHER should *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT (State or country) CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-0 TAL, SUICIDAL, OF HOMICIDAL. 12 MAIDEN NAME plain 4 OF MOTHER instructions 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS. Information 0, OR RECENT RESIDENTS) 13 BIRTHPLACE At place C In the OF MOTHER (State or country) yrs. ____ mos. _ ds. State mes. DEATH Where was disease contracted. If not at place of death? Sec ō Item OF usual residence. mportant. PLACE OF BURIAL OR REMOVAL ы DATE OF BURIAL Every 1.5 ADDRESS gi. REGISTRAR it more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

(a) Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The cated thus: Farmer (retired 6 yrs.). For persons of persons engaged in domestic service for wages, as material worked on may form part of the second it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an who have no occupation whatever, write None CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Scrvant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specicases, especially in industrial employments, it is necness of various pursuits can be known. The question essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer. first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age tion is very important, so that the relative Mealthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman,"

Statement of cause of death—Name, first, the disease cause of death—Name, first, the disease cause of death—Name, first, the disease to the same accepted term for the same disease. Examples: Corebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Trucumonia," unqualified, is indefinite); Tubercutosis of lungs, meninges, peritonaeum, etc... Carcin-



ture of the American Medical Association.) cause of death approved by Committee on Nomencla "Contributory." sepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Potsoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. cbildbirth or miscarriage, as "Puerperal septichacctc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemla," "Weakness," thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Mcasics (disease causing death), 29 affection need not be stated unless important. valvular heart disease; Ohronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic er" is less definite; avoid use of "Tumor" for mails oma. Sarcoma. etc., of -Heart fallure," "Haemorrhage," "Inanition," "Maras-"Collapse." "Coma," "Convulsions," "Debility" ("Con-Bronchopneumonia (secondary), 10 ds. Never report The contributory Always qualify all diseases resulting from "Senile," etc.), "Dropsy," (Recommendations on statement of (secondary or intercurrent) (name origin; "Can State cause for "Exhaustion," Examples: For vio-

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.



Reserve

SICIANS shoul No. RECORD Kate Sewell PERSONAL AND STATISTICAL PARTICULARS RMANENT 16 DATE OF DEATH 5 SINGLE. 3 SEX 4 COLOR OR RACE MARRIED, Married Calare do ORDIVORCED
(Write the word) 6 DATE OF BIRTH ciassified. (Month) (Day) (Year) 63 if LESS than 7 AGE U 1 day hrs. ..min. ? sh > proper (a) Trade, profession, or particular kind of work supplied. (b) General nature of industry, pe business, or establishment In may which employed (or employer) Contributory 9 BIRTHPLACE (State or country) (Secondary) # # that Œ 10 NAME OF FATHER 9 pe June 12 back (Address) RIRTHPLACE terms, MARQ 1should OF FATHER Z (State or country) Ш œ 12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. piain information ATH in piain instructions tions 4 OF MOTHER OR RECENT RESIDENTS) 13 BIRTHPLACE At place OF MOTHER Where was disease contracted. if not at place of death? of DE Former or 9 usuai residence Every iter CAUSE OF important. OR REMOVAL 15 m z

At more hlanks are needed, address State Regis trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

8290

1 PLACE OF DEATH

Tuen anne

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

St.;....Ward)

If death occurred in a hospital or institution. give its NAME Instead of street and number.]

MEDICAL CERTIFICATE OF DEATH (Month) HEREBY CERTIFY, That I attended deceased from June 11th allye on June and that death occurred on the date stated above, at 8. /-The CAUSE OF DEATH * was as follows: *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS In the yrs. mos. ds. State yrs. mos. ds DATE OF BURIAL

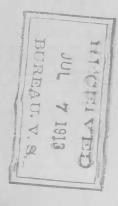
ADDRESS

[Approved by U. S. Census and American Public Health Association.]

... material worked on may form part of the second "Manager," "Dealer," etc., without more precise specistatement. cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of Illof persons engaged in domestic service for wages, as fication, as Day laborer, Farm laborer, Laborer-Coal been changed or given up on account of the DISEASE should be taken to report specifically the occupations gainfully employed, as At school or At home. duties of the household only (not paid Housekeepers Groccry; (d) Foreman, (b) Automobile factory. it should be used only when needed. As example (a) Spinner, (b) Cotton mill; (a) Salcsman, additional line is provided for the latter statement; the nature of the husiness or industy; and therefore an essary to know (a) the kind of work and also (b) who have no occupation whatever, write None. Servant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question For many occupations a single word or term on the tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: For persons "Foreman," 0

Statement of cause of death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopncumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

"Contributory." sepsis, totanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., dent; Revolver wound of head-homicide; Polsoned such, if impossible to determine definitely. mia," "Puerperal peritonitis," etc. State cause for childhirth or miscarriage, as "Purreral scptichacetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," ture of the American Medical Association.) cause of death approved by Committee on Nomencla by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS state MEANS OF INJUSY and qualify as which surgical operation was undertaken. -Heart failure," "Hacmorrhage." "Inanition," "Maras "Collapse." "Coma," "Convulsions," "Debility" ("Conthenla," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. Never report ample: Mcastes (disease causing death), 29 affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic oma. Sarcoma. etc., of is less definite; avoid use of "Tumor" for mails The contributory (secondary or intercurrent Always qualify all diseases resulting from "Senile." etc.), (Recommendations on statement of "Dropsy," "Traemla," "Weakness," (name origin; "Can "Exhaustion," Examples: For vio-



MARGIN RESERVED FOR BINDING

V. S. No. 1.

PLACE OF DEATH 8291	STATE OF MARYLAND
	CERTIFICATE OF DEATH
County Dun and	Registered No. 253
Village or City Mouran Mulifor 2 FULL NAME Annue Some	.,
FULL NAME and Sente	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
MARRIED, MIDOWED, ORDIVORCED (Write the word)	16 DATE OF DEATH (Month) (Day) (Year)
GDATE OF BIRTH Quely # 189.	17 I HEREBY CERTIFY, That I attended deceased from
(Monta) (Day) (Year)	that I last saw have alive on May 3, 1913.
7 AGE	and that death occurred on the date stated above, at
/ yrs. // mos. ds. OR	The GAUSE OF DEATH'S was as follows:
8 OCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of Industry,	Extraction
business, or establishment in which employed (or employer)	(Ouration) yrs. mos. 3. O. ds.
S BIRTHPLACE (State or country)	(Secondary)
10 NAME OF FATHER Robert Louth	(Signed) (a, thus & Lander , M D.
M 11 BIRTHPLACE	The 3, 1913 (Address) Complete
OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER OF MOTHER	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
of MOTHER Planence Necks	OR RECENT RESIDENTS)
OF MOTHER (State or country)	At place In the of death yrs mos ds. State yrs, mos ds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, If not at place of death?
(Informant) Theoremee Louth	Former or usual residence
(Address) Museom Mulles	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
	- Millington June 5, 1913
Filed June 3, 191 3 dolhur & Lander	
//	and Amula melteredian

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). For persons ness. If retired from business, that fact may be indiwho have no occupation whatever, write None. of persons engaged in domestic service for wages, as CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the nisease Servant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations gainfully employed, as At school or At home. statement. it should be used only when needed. As examples: Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, (b) additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. tion is very important, so that the relative healthful-Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the ness of various pursuits can be known. The question Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the Never return "Laborer," "Foreman," The

Statement of cause of death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc... Carcin-

ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) may be stated under the head injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the such, if impossible to determine definitely. dent; Revolver wound of head-homicide; Polsoned Accidental drowning; Struck by railway train-acct-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as mia," "PUERPEBAL peritonitis," etc. State cause for childbirth or miscarriage, as "PUERPERAL septichaecause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the which surgical operation was undertaken. mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis. nant neoplasms); Measles; Whooping cough; Chronic oma. Sarcoma. etc., of . is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) "Senile," etc.), (Recommendations on statement of "Dropsy," "Exhaustion," (name origin; "Can Examples: For VIO-



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Important. See instructions on back of certificate.

PLACE OF DEATH

Co	ounty own	Registration Dist, No 253
Vi		St.; Ward) [It death occurred in a hospital or institution give lis NAME instead of street and number.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SE	Lale Whole States	16 DATE OF DEATH (Month) (Day) (Year) 17 / I HEREBY CERTIFY, That I attended deceased from
8 D/	(Month) (Day) (Year)	that I last saw h. m. allve on fure 14 4 , 1913
(a) par (b) busin whice	If LESS than 1 day,	and that death occurred on the date stated above, at I m. The CAUSE OF DEATH* was as follows: Ourhal Open levy, findly Erribilities by the horse function away with firm one milk findence of 'whis death' (Duration) yes solvenly (Secondary)
PARENTS	10 NAME OF Thomas Station 11 BIRTHPLACE (State or country) Unknown 12 MAIDEN NAME OF MOTHER Stadey	(Signed) (Buration) / yrs mos ds. (Signed) (Sig
14 _T	13 BIRTHPLACE OF MOTHER (State or country) HE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE Informant) (Address) (Address) (Address) A Aller & Sanders	At place In the of death yrs, mos. ds. State yrs, mos. ds. Where was disease contracted, if not at place of death? Former or usual residence 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL PLACE OF BURIAL ADDRESS ADDRESS

If more blanks are needed, address State Registrar, 6 A. Franklin St., Balto., Requesting V. S. No. 1.

8292

STATE OF MARYLAND

CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association.]

statement. cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of ilibeen changed or given up on account of the DISEASE of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. duties of the household only (not paid Housekcepers fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The additional line is provided for the latter statement; Civil engineer, Stationary freman, etc. But in many applies to each and every person, irrespective of age. who have no occupation whatever, write None. Servant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. it should be used only when needed. the nature of the business or industry; and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engincer, first line will be sufficient, e. g., For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative mealthfui-(a) Spinner, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," (b) Cotton mill; (a) Salcsman, Farmer or Planter, As examples: For persons "Foreman,"

Statement of cause of death—Name, first, the pibrase cause of the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Corebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcinosis of lungs, meninges, peritonaeum, etc..

cause of death approved by Committee on Nomenclasuch, if impossible to determine definitely. mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage, as "PUERPEBAL scptichacetc., when a definite disease can be ascertained as the mus," "Oid Age," "Shock," "Uraemia," "Weakness," genital," "Senile," etc.), "Dropsy," "Exhaustion," "Coliapse." "Coma," "Convulsions," "Debility" ("Conample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritts ture of the American Medical Association.) "Contributory." sepsis, tetanus) may be stated under the head injury, as fracture of skuii, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Potsoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. 'h art failure," "Haemorrhage," "Inanition," "Maras thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As Bronchopneumonia (secondary), 10 ds. Never report nant neoplasms); Measles; Whooping cough; Chrowie ter" is less definite; avoid use of "Tumor" for malig oma. Sarcoma. etc., of The contributory (secondary or intercurrent) Always qualify all diseases resulting from (Recommendations on statement of (name origin; "Can State cause for Examples: For vio-



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	RECORD	PHYSICIANS should state
.1.	WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD	B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.
S. No. 1.		B.—E

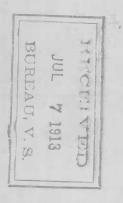
County due Ouve 8293	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 202
Village or City Centreville (No. ,	St.; Ward) [It death occurred in a hospital or institution give its NAME instead
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, WIDOWED, WIDOWED, (Write the word) 6 DATE OF BIRTH	16 DATE OF DEATH (Month) (Day) (Year) 17 I HEREBY GERTIFY, That I attended deceased from May-5- 1913, to June 22- 1915, that I last saw h. 27, alive on June 22- 1915
(Month) (Day) (Year) 7 AGE It LESS than 1 day,hrs. hrs. ORmin. ?	and that death occurred on the date stated above, at Am, The CAUSE OF DEATH* was as follows:
(a) Trade, profession, or particular kind of work. (b) General nature of industry, business, or establishment in which employed (or employer) PRIRTHPLACE (State or country) Queen Oure Co-Md.	Contributory (Secondary)
10 NAME OF FATHER Samuel Brice 11 BIRTHPLACE OF FATHER (State or country) Queen Quine Co- Md- 12 MAIDEN NAME	(Signed)
OF MOTHER Marth & Laws 13 BIRTHPLACE OF MOTHER (State or country), Queen anne Co-Mid-	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the ot death
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) Sebrew Guffin (Address) Centreviels Ind- 15 Filed 6-23 191 Registrar If more blanks are needed, address State Registrar, 6	Where was disease contracted, it not at place of death? Former or usual residence
	O 1 Mo. 1.

[Approved by U. S. Census and American Public Health Association.]

first line will be sufficient, e. g., Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As exam; (a) Spinner, (b) Cotton mill; (a) Salesman, additional line is provided for the latter statement; cases, especially in industrial employments, it is necapplies to each and every person, irrespective of age. ness of various pursuits can be known. The question been changed or given up on account of the DISEASE Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. the nature of the business or industy; and therefore an essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many For many occupations a single word or term on the tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman." For persons (6)

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease to the same decepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid disease). Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tubercutosis of lungs, meninges, peritonacum, etc... Carcin-

cause of death approved by Committee on Nomencla "Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. which surgical operation was undertaken. For viomia," "Tuerperal peritonitis," etc. childbirth or miscarriage, as "Purperal scottchaecause. etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," 'Traemia," "Weakness," gcnital," "Senile," etc.), "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nent neoplasms); Measles; Whooping cough; Chrosic oma. Sarcoma. etc., of .. ture of the American Medical Association.) schsis, tctanus) injury, as fracture of skull, and consequences (e. g., ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATES State MEANS OF INJURY and qualify as "Heart failure," "Haemorrhage," "Inanition," "Maras. Bronchopneumonia (secondary), 10 ds. Never report is less definite; avoid use of "Tumor" for malig The contributory Always qualify all discases resulting from Measles (disease causing (Recommendations on statement of may be stated under the head (secondary or intercurrent) "Dropsy," "Exhaustion," (name origin; "Can death), 29 ds.: State cause for Examples:



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[Approved by U. S. Census and American Public Health
Association.]

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Statement of cause of death—Name, first, the disease causing death—the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid neumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, mentages, peritonaeum, etc.. Carcin-

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